FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
MAY -1 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V18453** **(3)**

1. Corporate Name
MEGA NURSE INC.

Principal Place of Business
7200 US 1
HYPOLUXO FL 33462
US

Mailing Address
7200 US 1
HYPOLUXO FL 33462
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/01/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite Apt. # etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **65-0318324** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation is subject to provisions of Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LYCAN, ALAN L.
7200 US 1
HYPOLUXO FL 33462

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1501 (1) and (2) 1989, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of that position, Florida Statutes.

SIGNATURE: [signature] ALAN LYCAN VP 4-24-95
(Required) (Typed or printed name of person signing) (Title) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	PD	Title	☐ Change ☐ Addition
Name	LYCAN, ALAN L.	Name	
Street Address	2213 NE 3RD ST.	Street Address	
City-St-Zip	BOYNTON BEACH FL	City-St-Zip	
Title	ST	Title	☐ Change ☐ Addition
Name	UCRNA, GUYMON	Name	
Street Address	1014 PEAR RD	Street Address	
City-St-Zip	LANTANA FL	City-St-Zip	
Title	VP	Title	☐ Change ☐ Addition
Name	LYCAN, DONNA	Name	
Street Address	8080 AMBACH WAY	Street Address	
City-St-Zip	HYPOLUXO FL	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] ALAN LYCAN 4-24-95 407-586 1230
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone Number

0271097 CP